

South Georgia Physician Network, LLC (SGPN)

Independent Physician Association

IMPACT Management Services 2866 Johnson Ferry Road, Suite 200 Marietta, Georgia 30062

Voice: 800-252-9094 Fax: 770-518-4408

REQUEST FOR MEMBERSHIP APPLICATION

Prospective Member Information	
Prospective Member's CAQH ID	
Prospective Member's Last Name	
Prospective Member's First Name & Middle Initial	
Prospective Member's Specialty	
Prospective Member's Mobile Number (Kept confidential – only used by IPA for communication)	
Prospective Member's E-mail Address (Kept confidential – only used by IPA for communication)	
Prospective Member Practice Information	
Group/Practice Name	
Practice Tax ID (TIN) (Attach W9)	
# of Physicians	
# of Midlevels	
# of Limited Licensed Practitioners	
# of other providers at practice who bill under the same TIN	
Name of Supervising Physician	
Affiliated Tax IDs (merged or acquired within last 5 years)	
Group/Organization NPI #	
Practice Management System	
Implemented EMR System	Vendor: _____ Product: _____ Version: _____
Prospective Member Manager's Information	
Practice Manager's Name	
Practice Manager's Phone #	
Practice Manager's Email	
Preferred Communication Method (Email, Text, Fax, Phone Call)	

I hereby authorize the organization above to access my CAQH record for purposes of reviewing my application for potential membership.

Signature

Date